

Instructions for Reportable Events Form

11/10/03

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Reportable Event Header	Explanation
Service Population	Choose one service area that the person is served by
Critical Event	If served by Mental Retardation do not fill in
For Adult MR Event	Check-off only one category - which the event fits most appropriately. (Check adult protection if you are making allegations of abuse, neglect, or exploitation.) If the event is not a restraint, a medication issue, a rights issue or an adult protective issue, then check off Incident.
Client First Name	Subject of the reportable event
Last Name	Same as above
Gender	Same as above
County of Residence	County person resides in
Zip Code	Same as above
Reporting Region	Portland, Lewiston, Augusta, Thomaston, Bangor, Presque Isle
Date of Birth	Subject of the reportable event
Social Security Number-	Same as above
Agency client ID #	If the agency reporting identifies as person with a client number please place here.
Reporting Agencies Name	Name of agency of person who is reporting
Reporting Agencies Phone Number	Main office agency phone number of person reporting
Reporter	Person reporting event and that persons work phone number
Agency Contact Person	Name and phone number of person who is responsible for reportable events and is accessible during regular business hours in your agencies
Other Witnesses	List all witnesses, with addresses and phone numbers. If filling this out by hardcopy please attach additional pages with information.
Agency Supervisor Name	Person responsible for oversight of this event
Title	Title of person identified in #18
Date Report Reviewed	Date report is reviewed by person identified in #18
Sent to BDS	Person who faxes or mails report
Files Date	Date of #21
Reported to BDS	Date that event was called into BDS or report faxed or mailed
To Whom	Name of BDS personnel event was called into, faxed or mailed to
Other Persons Involved	Other persons who have relevant information but are not witnesses

Other Involved/Organizations	Identify other organizations that may serve this individual
Event Start Date	The date the event occurred
Event Start Time	The time the event occurred
Event End Time	The time the event ended
Description of Event	Describe event briefly and accurately. Any further information such as witness statements/detailed write-ups will be gathered if there is an investigation. If filling out in hard copy use additional paper and attach.
Description of Actions	Please see instructions on form
Were there any injuries	This refers to injuries to the consumer
Treatment Given	Same as above
Hospitalization	Did the event result in having to go to the hospital
Name of Hospital	
Type	Was the person admitted for an injury- hospital or for a behavioral health event- psychiatric
Program Type	Type of program the reporter is employed by
Client Family Notified	Has the persons family been told of the event
Police Notifies	Have the police been notified of this event
DHS Protective Services	For adults with Mental Retardation reportable events goes to BDS.
Agency Administrator	Was an administrator in your agency notified
BDS Regional Director/ Supervisor	For Adult with MR this will occur through this reportable event process
Guardian Notified	Has the guardian been notified of the event
If yes, who notified guardian	Name of the person who notified guardian
Guardian name, address, phones number	Give information of guardian, if MR services is guardian put PUBLIC
Physician Notified	Has the Physician been notified of the event
Physician Name	Name of Physician notified

Page 2-If person is an Adult with Mental Retardation this page **should not be filled out**

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This applies to all reportable events for Adults with Mental Retardation except restraint and medication errors.

Client Name	Subject of the reportable event
Top Section	Check off the event type(s) that best describe what is being reported. If you are checking off a box in this section then you must call in the event IMMEDIATELY to the local BDS office and this written report sent (faxed or mailed) to the BDS office within forty-eight hours.
Lower Section	Check off the event type(s) that best describe what is being reported. If you are checking off a box in this section it is not necessary to call in the event, however this reportable event for should be faxed or mailed within one business day

Page 4- This page is to be filled out for restraints and mediation errors and faxed or mailed within one business day.

11/03/2003